Confidential Child & Family Background Information

Revel Miller, Ph.D.

Psychologist

2 Office Locations:

26 West Mission Street, Suite #4, Santa Barbara, CA 93101

539 San Ysidro Road, Montecito, CA 93108

Confidential Child & Family Background Information

Revel Miller, Ph.D.

Instructions:

Your responses in this questionnaire are confidential. The questions address a number of personal issues about you, your child and your family. I need to know as much as possible about your child, you and your family. Please be as forthright as you can be in your anwers. I will not share this questionnaire or your responses with anyone without your permission.

This is a very thorough assessment of your family and your child's background. Completing this questionnaire will save you time and money. It will result in you and me gaining a deeper understanding about your child's current situation and developing an effective treatment plan.

There are a lot of questions here. Please stick with it, knowing that all this information will be used to your and your child's advantage. In order to help you and your child, I need to know who you both are, what you both have experienced, and your child's past and current situations.

I need to get perspective from both parents. Please fill out this questionnaire together and complete your own sections separately. I want each one of you to fill-out this questionnaire. If you are separated and want more privacy, please complete a separate questionnaire on your own.

If you have any questions, please write them in the margins or ask me when we meet face-to-face. You can complete the final unanswered questions when we are together.

Please use a blue ink pen, write clearly, and check off boxes with large visible marks.

If something does not apply to you or your child, simply leave it blank.

If you need more room to write a response, please continue writing on the backside of the page. If you have additional information or concerns that you want to share with me, please write your statements in the lined area at the end of the questionnaire.

Just keep moving quickly and spontaneously through these questions to the end where I ask you to sign and date this document. **Please return your completed questionnaire to me at our next meeting.**

Thank you,

Revel Miller, Ph.D.

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Confidential Child & Family Background Information

Revel Miller, Ph.D.

Child's Name:______________________________ Age:______

Primary Parent's Name: ______________________________ Date: _____/____/_______

Current Child Symptom Checklist *(Check all current symptoms and concerns)*

- □ sad/depressed mood
- □ appetite disturbance
- □ recent weight gain or loss
- □ sleep disturbance
- □ fatigue/low energy
- □ irritability
- □ poor concentration
- □ mood swings
- □ elevated mood/euphoria
- □ agitation
- □ anger outbursts
- □ aggressive behavior
- □ intimidating/violent acts
- □ hyperactivity
- □ emotionality
- □ challenging life transition
- □ grief/mourning
- □ hopelessness
- □ post-traumatic stress
- □ suicidal ideas/urges
- □ suicidal plan
- □ past suicidal attempts
- □ eating problems
- □ women's issues
- □ men's issues
- □ sexual identity issues
- □ self-criticism
- □ negative inner voice
- □ binging/purging
- □ laxative/diuretic abuse
- □ oppositional/defiant
- □ health concerns
- □ obesity
- □ generalized anxiety
- □ compulsive behaviors
- □ obsessive ideas
- □ school/life/work stress
- □ social/relationship stress
- □ panic attacks
- □ PTSD/flashbacks
- □ guilt
- □ shame
- □ paranoid ideas
- □ sexual concerns
- □ purposelessness
- □ loss of meaning
- □ poor self-esteem
- □ poor self-confidence
- □ loneliness
- □ social isolation
- □ social discomfort
- □ learning disability
- □ physical disability
- □ hearing problems
- □ speech problems
- □ dissociation
- □ emotional trauma
- □ physical abuse
- □ sexual abuse
- □ cutting/burning self
- □ delusions/unrealistic ideas
- □ hallucinations
- □ wets bed
- □ soils pants
- □ high fevers
- □ head injuries
- □ fainting
- □ stomach aches
- □ vomiting
- □ headaches
- □ school refusal
- □ poor school performance
- □ family conflict
- □ parent-child conflict
- □ family violence
- □ family abuse
- □ parenting problems/stress
- □ family marital conflict
- □ marital separation
- □ marital divorce
- □ love frustrations
- □ love disappointment
- □ love relationship loss
- □ physical complaints
- □ chronic illness
- □ life threatening disease
- □ stress from illness/disease
- □ financial stress
- □ smoke cigarettes
- □ drug abuse
- □ alcohol abuse
- □ employment problems
- □ legal/delinquency problems
- □ other:

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Child's Emotional/Psychological History

Describe your child's current mental/emotional/psychological health:

□ Great □ Satisfactory □ Unsatisfactory □ Poor

Past ***Out***patient Psychotherapy? □No □Yes Provide information on past 2 therapists below.

1. Name of previous therapist________________________ Phone #:_________________

Address:____

Seen from:___/_____ to ___/_____ Approximate number of sessions?________________

Reason seen:____

Final outcome:____

Helpful? □Yes □No Experience with therapist: □ positive □ neutral □ limited □ negative

2. Name of previous therapist________________________ Phone #:_________________

Address:____

Seen from:___/_____ to ___/_____ Approximate number of sessions?________________

Reason seen:____

Final outcome:____

Helpful? □No □Yes Experience with therapist: □ positive □ neutral □ limited □ negative

Past ***In***patient Treatment for psychiatric, emotional or substance use issue? □ No □ Yes

Name and location of most recent facility:____

From:___/___/____ to___/___/____ Helpful? □ No □ Yes Length of stay?____ Days

Suicide attempts? □ No □ Yes If Yes, how many attempts?___ Method used:____________

What year(s):________ Age(s):_________ Has child purposefully injured self WITHOUT a suicidal attempt? □ No □ Yes How?____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Psychological Health:
List any significant life changes, challenges or stressors over the past 6 months:__________

____

How would you rate your child's stress level over the past month? □ low □ medium □ high

What causes your child to get stressed?____

____

What are his/her reactions to the stress?____

Does your child experience sadness, depression or grief? □ No □ Yes If Yes, what causes the depression? ____

____

For how long have has your child been depressed?_________________________________

Does your child experience anxiety, fear or panic attacks? □ No □ Yes If Yes, what causes the anxiety?____

For how long has the anxiety been experienced?___________________________________

How would you rate his/her sleep? □ Excellent □ Satisfactory □ Unsatisfactory □ Poor

If he/she struggles to sleep well, what type(s) of sleep problem(s) does he/she suffer with?

□ Hard to fall asleep □ Wakeful in the night □ Wake up early and can't get back to sleep

□ Nightmares

How would you rate his/her recent body weight? □ Stable □ Losses □ Gains

If there have been loses or gains in weight, how many pounds in the past month?_________

Do you consider his/her weight to be: □ Under-weight □ Normal □ Over-weight □ Obese

If your child has any eating problems, describe them here:_____________________________

____

If he/she has a weight problem, describe it here:____________________________________

____

List your child's personal strengths:____

____

List your child's personal weaknesses:____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Has any parent or family member had ***in***patient treatment for a psychiatric, emotional or substance use issue? □ No □ Yes

If yes, who, why, when and where:____
____

Add any additional information here:

____

____

Child Pregnancy, Birth & Developmental Milestones

Was this child planned by both parents? □ No □ Yes

Was this child wanted by both parents? □ No □ Yes □ Not sure

How was the pregnancy with this child? □ easy □ uncomplicated □ difficult □ very complicated

How was the birth with this child? □ easy □ uncomplicated □ difficult □ very complicated

Were there any problems or delays with this child reaching developmental milestones such as sucking, walking, talking, toileting, dressing, socializing, eating, etc. If yes, what were the issues?____

____

Parent's Marital/Relationship History

Your Current Marital Status:

□ single, never married □ engaged for ____months □ married for ____ years □ live together for ____ years	□ divorced: date(s) _______ □ separated for ____ months □ separation date ________ □ in divorce process now □ date divorce started _____	□ # prior engagements _____ □ # prior marriages (self) ___ □ # marriages (partner) ____

If married or in a relationship now, name of spouse/person:___________________________

Your Previous Married Last Name:_________________ Maiden Name:________________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Your Intimate/Romantic Relationship(s):

□ Never been in a serious relationship □ Not currently in a serious relationship □ Dating now
□ Many attempts and losses □ Currently in serious relationship for _____ years

Describe the positive or enhancing qualities that you bring into your love relationships:______

____

Describe the negative or destructive qualities that you bring into your love relationships:_____

____

Current Relationship Satisfaction:

□ very satisfied □ satisfied	□ somewhat satisfied □ dissatisfied	□ very dissatisfied □ ready to separate

Have you had an affair(s) during your marital/committed relationship(s)? □ Yes □ No

Are you currently having an affair in your current marital/committed relationship? □ Yes □ No

Is it challenging to be honest, communicative and reliable with your partner(s): □ Yes □ No

Briefly describe any repetitive problems you have in your *intimate* relationships:

____
____
____

Your Child's Love Relationship History

Has your child experienced a love relationship? □ No □ Yes □ Not sure

If involved romantically with another, does he/she treat that person respectfully?

□ No □ Yes □ Not sure

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Does your child get misused, controlled or abused by their girl/boyfriend(s)?

□ No □ Yes □ Not sure

Has your child been able to sustain a love relationship longer than one month?

□ No □ Yes □ Not sure

State your concerns about how your child relates to others in love relationships:____________

Your Child's Sexual History

State any concerns you have about your child's sexual identity, experiences or orientation:___

____

Have you or any other adult educated your child about sexuality and healthy sexual behavior?

□ No □ Yes If Yes, who educated your child?_________________________

Is your child sexually active? □ No □ Yes □ Not sure

Since what age has your child been sexually active?_____

Does your child have any sexual problems? □ No □ Yes If yes, what are they?__________

____

Any sexually transmitted diseases? □ No □ Yes □ Not sure If Yes, what disease and how was it dealt with?____

Mother's Children

Biological Children: Number:_____

Names of Children	Age	Date of Birth	Gender	Living where?	How often seen?
________________	_____	__________	M or F	__________________	_______________
________________	_____	__________	M or F	__________________	_______________
________________	_____	__________	M or F	__________________	_______________
________________	_____	__________	M or F	__________________	_______________

Step-Children: Number:_____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Names of Children	Age	Date of Birth	Gender	Living where?	How often seen?
________________	____	__________	M or F	__________________	_______________
________________	____	__________	M or F	__________________	_______________
________________	____	__________	M or F	__________________	_______________
________________	____	__________	M or F	__________________	_______________

Children with problems:

Name of Child	Describe Problem(s)
_______________	____
_______________	____
_______________	____
_______________	____

Name(s) of children most proud of:____

Names of children who live in Santa Barbara County:___________________________________

Names of your children who now have their own children?_______________________________

Number of grand children?_______

Others who live in your household:

Name	Relationship	Reason for Living with You
______________	_____________	____
______________	_____________	____

Father's Children

Biological Children: Number:_____

Names of Children	Age	Date of Birth	Gender	Living where?	How often seen?
________________	____	__________	M or F	__________________	_______________
________________	____	__________	M or F	__________________	_______________
________________	____	__________	M or F	__________________	_______________
________________	____	__________	M or F	__________________	_______________

Step-Children: Number:_____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Names of Children	Age	Date of Birth	Gender	Living where?	How often seen?
________________	____	__________	M or F	___________________	_______________
________________	____	__________	M or F	___________________	_______________
________________	____	__________	M or F	___________________	_______________
________________	____	__________	M or F	___________________	_______________

Children with problems:

Name of Child	Describe Problem(s)
_______________	____
_______________	____
_______________	____
_______________	____

Name(s) of children most proud of:____

Names of children who live in Santa Barbara County:____________________________________

Names of your children who now have their own children?_______________________________

Number of grand children?_______

Others who live in your household:

Name	Relationship	Reason for Living with You
______________	_____________	____
______________	_____________	____

Mother's Family Background & History

	Present Entire Childhood	Present Part of Childhood	Not Present
Mother	◻	◻	◻
Father	◻	◻	◻
Step-Mother	◻	◻	◻
Step-Father	◻	◻	◻
Brother(s)	◻	◻	◻
Sister(s)	◻	◻	◻

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Half/Step Brother(s)	□	□	□
Half/Step Sister(s)	□	□	□
Grand Mother	□	□	□
Grand Father	□	□	□
Other:______________	□	□	□

Where were you raised?________________ Ethnic/Cultural Background:________________

Family religious affiliation?_____________ Involvement frequency?_____________________

Describe your childhood family experience and home environment:

□ nurturing/loving home □ normal/average home □ neglectful home □ financially stressed home	□ chaotic home □ unpredictable home □ frightening home □ drug abuse home	□ alcohol abuse home □ verbal/emotional abuse □ physical/sexual abuse □ witnessed abuse at home

Your parent's current marital status:

□ married to each other □ separated from each other □ divorced for _____ years	□ mother remarried___ times □ mother in a relationship □ mother widowed	□ father remarried____ times □ father in a relationship □ father widowed

If your parents separated, how old were you?____ Who was your primary parent?_________

Your parents:

Mother: Age:___ Year & age at death________ Occupation:____________ Health:_________

Father: Age:___ Year & age at death________ Occupation:____________ Health:_________

Step-Mother: Age:__ Year & age at death_______ Occupation:___________ Health:________

Step-Father: Age:__ Year & age at death_______ Occupation:___________ Health:________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Current or past quality of relationships with your parents:

Mother: □ excellent □ satisfactory □ unsatisfactory □ poor Where she resides:__________

Father: □ excellent □ satisfactory □ unsatisfactory □ poor Where he resides:___________

Step-Mother:□ excellent □ satisfactory □ unsatisfactory □ poor Where she resides:_________

Step-Father: □ excellent □ satisfactory □ unsatisfactory □ poor Where he resides:__________

Your Brothers and Sisters:

Number of biological siblings:___ Number of half-siblings?___ Number of step-siblings?___

Overall quality of relationships with your siblings: □ Great □ Satisfying □ Unsatisfying □ Poor

Explain:____

Biological Sibling Names	Age	Live where?	Quality of relationship?	Frequency seen

Half-Sybling Names	Age	Live where?	Quality of relationship?	Frequency seen

Step-Sybling Names	Age	Live where?	Quality of relationship?	Frequency seen

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Father's Family Background & History

	Present Entire Childhood	Present Part of Childhood	Not Present
Mother	◻	◻	◻
Father	◻	◻	◻
Step-Mother	◻	◻	◻
Step-Father	◻	◻	◻
Brother(s)	◻	◻	◻
Sister(s)	◻	◻	◻
Half/Step Brother(s)	◻	◻	◻
Half/Step Sister(s)	◻	◻	◻
Grand Mother	◻	◻	◻
Grand Father	◻	◻	◻
Other:_______________	◻	◻	◻

Where were you raised?_________________ Ethnic/Cultural Background:_________________

Family religious affiliation?______________ Involvement frequency?______________________

Describe your childhood family experience and home environment:

◻ nurturing/loving home ◻ normal/average home ◻ neglectful home ◻ financially stressed home	◻ chaotic home ◻ unpredictable home ◻ frightening home ◻ drug abuse home	◻ alcohol abuse home ◻ verbal/emotional abuse ◻ physical/sexual abuse ◻ witnessed abuse at home

Your parent's current marital status:

◻ married to each other ◻ separated from each other ◻ divorced for ______ years	◻ mother remarried___ times ◻ mother in a relationship ◻ mother widowed	◻ father remarried____ times ◻ father in a relationship ◻ father widowed

If your parents separated, how old were you?____ Who was your primary parent?__________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Your Parents:

Mother: Age:___ Year & age at death________ Occupation:____________ Health:_________

Father: Age:___ Year & age at death________ Occupation:____________ Health:_________

Step-Mother: Age:__ Year & age at death_______ Occupation:___________ Health:________

Step-Father: Age:__ Year & age at death_______ Occupation:___________ Health:________

Current or past quality of relationships with your parents:

Mother: □ excellent □ satisfactory □ unsatisfactory □ poor Where she resides:__________

Father: □ excellent □ satisfactory □ unsatisfactory □ poor Where he resides:___________

Step-Mother:□ excellent □ satisfactory □ unsatisfactory □ poor Where she resides:_________

Step-Father: □ excellent □ satisfactory □ unsatisfactory □ poor Where he resides:__________

Your Brothers and Sisters:

Number of biological siblings:____ Number half-siblings?____ Number of step-siblings?____

Overall quality of relationships with your siblings: □ Great □ Satisfying □ Unsatisfying □ Poor

Explain:____

Biological Sibling Names	Age	Live where?	Quality of relationship?	Frequency seen
______________________	____	______________	____________________	_____________
______________________	____	______________	____________________	_____________
______________________	____	______________	____________________	_____________
______________________	____	______________	____________________	_____________

Half-Sibling Names	Age	Live where?	Quality of relationship?	Frequency seen
______________________	____	______________	____________________	_____________
______________________	____	______________	____________________	_____________
______________________	____	______________	____________________	_____________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Step-Sibling Names	Age	Live where?	Quality of relationship?	Frequency seen
______________________	____	_____________	____________________	____________
______________________	____	_____________	____________________	____________
______________________	____	_____________	____________________	____________
______________________	____	_____________	____________________	____________

Child's School History

Your child's grades in school have been: □ above average □ average □ below average

Your child's overall experience in school has been: □ great □ ok □ not very good □ lousy

Special school circumstances, problems or experiences:_______________________________

____

Child's Social History

His/her current social and family support system *(check all that apply):*

□ strong social support network □ many close friends □ few friends □ socially isolated
□ has trouble sustaining long term relationships □ substance-abuse-based friends □ close to family members □ distant from family members

Names of 2 biggest supporters in child's life:____

Your living situation:

With the people your child lives with now, he/she is: □ happy □ satisfied □ dissatisfied

Who lives in your child's most consistent household?___________________________________

____

Your child's greatest hero/heroine is__________________ in_________________. Why?____

____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

The one person your child knows well, looks up to and admires most is:_________________

Why?____

Mother's Educational History

Level of education: □ high school □ some college □ college degree □ masters □ doctorate

Currently enrolled at:____

College(s) attended and year(s) graduated:____

Education major/speciality:____

Professional license/credential:____

Father's Educational History

Level of education: □ high school □ some college □ college degree □ masters □ doctorate

Currently enrolled at:____

College(s) attended and year(s) graduated:____

Education major/speciality:____

Professional license/credential:____

Child's Medical and Psychological History

Describe your child's physical health: □ excellent □ good □ fair □ poor

Primary physician name:________________ Phone:______________ Last exam:__/__/___

Rate his/her relationship with your primary care physician: □ excellent □ good □ fair □ poor

Other physician name:_________________ Phone:_______________ Last exam:__/__/___

Other health professional:_________________ Phone:____________ Last exam:__/__/___

Does your child have a history of any of the following medical problems?

□ tuberculosis □ cancer □ diabetes □ obesity □ irritable bowel syndrome	□ heart disease □ stroke □ high blood pressure □ alcoholism □ drug abuse	□ speech problems □ allergies □ convulsions □ eating disorders □ pain disorders

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

□ lung problems □ asthma □ head injuries □ headaches □ convulsions □ chronic diarrhea	□ prescription medicine misuse □ bi-polar disorder □ stomach aches □ sustained high fevers □ vision problems □ hearing problems	□ thyroid problems □ schizophrenia □ bi-polar disorder □ mental retardation □ other:_________________

Main medications currently taken:

Name Dosage # Times/Day Reason for Medication Prescribing Physician

___________ ______ __________ ___________________________ _________________

___________ ______ __________ ___________________________ _________________

___________ ______ __________ ___________________________ _________________

Type of psychiatric medicine ever taken:____

Concerns or fears about your child's medical condition:_______________________________

____

Impact of your child's medical and/or psychiatric condition on you as <u>parent</u>(s):____________

____

Impact of your child's medical and/or psychiatric condition on his/her <u>sibling</u>(s):____________

____

Future medical procedures/surgeries scheduled: Type:____________________ Date:______

Describe any medical or psychiatric hospitalizations your child has had:

Date:___/____ Age:_____ Reason:____

Date:___/____ Age:_____ Reason:____

Additional medical information: ____

____

<u>Mother's Medical and Psychological History</u>

Describe your physical health: □ excellent □ good □ fair □ poor

Primary physician name:________________ Phone:______________ Last exam:__/__/___

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Rate your relationship with your primary care physician: □ excellent □ good □ fair □ poor

Other physician name:_________________ Phone:_______________ Last exam:__/__/___

Other health professional:_________________ Phone:____________ Last exam:__/__/___

Do you have a history of any of the following medical problems?

□ tuberculosis	□ heart disease	□ speech problems
□ cancer	□ stroke	□ allergies
□ diabetes	□ high blood pressure	□ convulsions
□ obesity	□ alcoholism	□ eating disorders
□ irritable bowel syndrome	□ drug abuse	□ pain disorders
□ lung problems	□ prescription medicine misuse	□ thyroid problems
□ asthma	□ bi-polar disorder	□ schizophrenia
□ head injuries	□ stomach aches	□ bi-polar disorder
□ headaches	□ sustained high fevers	□ mental retardation
□ convulsions	□ vision problems	□ other:_________________
□ chronic diarrhea	□ hearing problems	

Main medications currently taken:

Name	Dosage	# Times/Day	Reason for Medication	Prescribing Physician
___________	______	__________	___________________________	_________________
___________	______	__________	___________________________	_________________
___________	______	__________	___________________________	_________________

Type of psychiatric medicine ever taken:____

Future medical procedures/surgeries scheduled: Type:____________________ Date:______

Is there a history of any of the following issues in your family background?

□ tuberculosis	□ high blood pressure	□ obsessive thoughts
□ cancer	□ alcoholism	□ compulsive behaviors
□ diabetes	□ drug abuse	□ threatening/violent behavior
□ obesity	□ prescription medicine misuse	□ pain disorders
□ irritable bowel syndrome	□ bi-polar disorder	□ dementia
□ lung/breathing problems	□ depression	□ thyroid problems
□ asthma	□ anxiety	□ crime/legal problems
□ allergies	□ anger problems	□ schizophrenia
□ heart disease	□ sleep disorder	□ other:_________________
□ stroke		

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

History of other psychological disorders and chronic or life-threatening physical diseases in your family?

____

____

____

Describe any medical or psychiatric hospitalizations you have had:

Date:___/____ Age:_____ Reason:____

Date:___/____ Age:_____ Reason:____

Additional medical information: ____

____

Father's Medical and Psychological History

Describe your physical health: □ excellent □ good □ fair □ poor

Primary physician name:_________________ Phone:_______________ Last exam:__/__/___

Rate your relationship with your primary care physician: □ excellent □ good □ fair □ poor

Other physician name:__________________ Phone:________________ Last exam:__/__/___

Other health professional:__________________ Phone:_____________ Last exam:__/__/___

Does you have a history of any of the following medical problems?

□ tuberculosis	□ heart disease	□ speech problems
□ cancer	□ stroke	□ allergies
□ diabetes	□ high blood pressure	□ convulsions
□ obesity	□ alcoholism	□ eating disorders
□ irritable bowel syndrome	□ drug abuse	□ pain disorders
□ lung problems	□ prescription medicine misuse	□ thyroid problems
□ asthma	□ bi-polar disorder	□ schizophrenia
□ head injuries	□ stomach aches	□ bi-polar disorder
□ headaches	□ sustained high fevers	□ mental retardation
□ convulsions	□ vision problems	□ other:__________________
□ chronic diarrhea	□ hearing problems	

Main medications currently taken:

Name Dosage # Times/Day Reason for Medication Prescribing Physician

____________ _______ ___________ ____________________________ __________________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

____________ _______ ___________ _____________________________ __________________

____________ _______ ___________ _____________________________ __________________

Type of psychiatric medicine ever taken:____

Future medical procedures/surgeries scheduled: Type:_____________________ Date:______

Is there a history of any of the following issues in your family background?

□ tuberculosis □ cancer □ diabetes □ obesity □ irritable bowel syndrome □ lung/breathing problems □ asthma □ allergies □ heart disease □ stroke	□ high blood pressure □ alcoholism □ drug abuse □ prescription medicine misuse □ bi-polar disorder □ depression □ anxiety □ anger problems □ sleep disorder	□ obsessive thoughts □ compulsive behaviors □ threatening/violent behavior □ pain disorders □ dementia □ thyroid problems □ crime/legal problems □ schizophrenia □ other:__________________

History of other psychological disorders and chronic or life-threatening physical diseases in your family?

____

____

____

Describe any medical or psychiatric hospitalizations you have had:

Date:___/____ Age:_____ Reason:____

Date:___/____ Age:_____ Reason:____

Additional medical information: ____

____

Mother's Career and Employment

Current Employment:

□ self-employed □ employed and satisfied □ employed but dissatisfied	□ unemployed □ disabled	□ unstable work history □ retired

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Employer Name:___________________ City:_________________ Length of employment:____

Position/Title:_________________ # Hours worked/week:____ Annual gross income: $______

How important is your work or career? □ very □ somewhat □ little

How satisfied are you with your career or employment now? □ very □ somewhat □ not

Father's Career and Employment

Current Employment:

□ self-employed □ employed and satisfied □ employed but dissatisfied	□ unemployed □ disabled	□ unstable work history □ retired

Employer Name:___________________ City:_________________ Length of employment:____

Position/Title:_________________ # Hours worked/week:____ Annual gross income: $______

How important is your work or career? □ very □ somewhat □ little

How satisfied are you with your career or employment now? □ very □ somewhat □ not

Parent & Household Finances

Family Income:

Current gross household income: $_________ (include spouse or live-in partner and others)

Are you satisfied with your income? □ yes □ somewhat □ no

Do you and your family struggle financially? □ yes □ somewhat □ no

Do you have plans to increase your income? □ yes □ no If yes, what are your plans?_____

____

Do you have any debts that cause you stress? □ yes □ somewhat □ no If yes, what debt stresses you?____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Child's Life Activities and Passions

What is your child most interested in and passionate about?_________________________

____

What brings your child the most joy, pleasure and happiness in life?____________________

____

What social, recreational or sports activities has your child participated in?_______________

Does he/she actively engage in activities and enjoy them? □ none □ some □ many □ all

Physical Exercise Activities:

How often does your child actively exercise? □ Regularly □ Occasionally □ Rarely □ Never

Rate his/her general physical condition now: □ Excellent □ Good □ Fair □ Poor

Describe the type, frequency and amount of time your child exercises now:_______________

____

Community Activities:

List community, cultural, organizational or club activities that your child regularly engages in:

____

____

Religious/Spiritual Activities:

List the religious or spiritual activities that your child regularly engages in:________________

____

Mother's Life Activities and Passions

What are you most interested in and passionate about?____________________________

____

What brings you the most joy, pleasure and happiness in life?_________________________

____

What sets off the most worry, fear or dread in your life?_____________________________

____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

What are your top 3 most important goals, hopes and dreams to achieve in the future?

1. ____
2. ____
3. ____

What do you value the most in your life?____

____

Physical Exercise Activities:

How often do you actively exercise? □ Regularly □ Occasionally □ Rarely □ Never

Rate your general physical condition now: □ Excellent □ Good □ Fair □ Poor

Describe the type, frequency and amount of time you exercise now:____________________

____

Recreational Activities:

List the hobbies, interests, sports or recreational activities that you regularly engage in:

____

____

Community Activities:

List the community, cultural, organizational or club activities that you regularly engage in:

____

____

Religious/Spiritual Activities:

List the religious or spiritual activities that you regularly engage in. Add where and frequency:

____

____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Father's Life Activities and Passions

What are you most interested in and passionate about?______________________________

____

What brings you the most joy, pleasure and happiness in life?__________________________

____

What sets off the most worry, fear or dread in your life?_______________________________

____

What are your top 3 most important goals, hopes and dreams to achieve in the future?

1. ____
2. ____
3. ____

What do you value the most in your life?____

____

Physical Exercise Activities:

How often do you actively exercise? □ Regularly □ Occasionally □ Rarely □ Never

Rate your general physical condition now: □ Excellent □ Good □ Fair □ Poor

Describe the type, frequency and amount of time you exercise now:_____________________

____

Recreational Activities:

List the hobbies, interests, sports or recreational activities that you regularly engage in:

____

____

Community Activities:

List the community, cultural, organizational or club activities that you regularly engage in:

____

____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Religious/Spiritual Activities:

List the religious or spiritual activities that you regularly engage in. Add where and frequency:

____

____

Child's Legal History

□ no legal problems □ arrests(s) not substance related □ arrest(s) substance related

What were the arrests for?____

Mother's Legal History

□ no legal problems □ divorce in process □ child custody dispute □ lawsuit(s) pending

□ arrests(s) not substance related □ arrest(s) substance related

What were the arrests for?____

Father's Legal History

□ no legal problems □ divorce in process □ child custody dispute □ lawsuit(s) pending

□ arrests(s) not substance related □ arrest(s) substance related

What were the arrests for?____

Step-Parent's Legal History

□ no legal problems □ divorce in process □ child custody dispute □ lawsuit(s) pending

□ arrests(s) not substance related □ arrest(s) substance related

What were the arrests for?____

Mother's Military History

□ never in military □ service in military - no disciplinary incidents □ served in military - with disciplinary incident: If disciplined, explain:____

Branch:________ # years served:____ Discharge date:_____ Rank upon discharge:_______

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Father's Military History

□ never in military □ service in military - no disciplinary incidents □ served in military - with disciplinary incident: If disciplined, explain:____

Branch:________ # years served:____ Discharge date:_____ Rank upon discharge:_______

Step-Parent's Military History

□ never in military □ service in military - no disciplinary incidents □ served in military - with disciplinary incident: If disciplined, explain:____

Branch:________ # years served:____ Discharge date:_____ Rank upon discharge:_______

Child's Substance Use History

Your child's current substance use:

□ no history of abuse □ current active abuse □ past abuse	□ early partial recovery □ early full recovery	□ sustained partial recovery □ sustained full recovery

Substances used by child *(check all that apply):*

Drug Used	First Use Age	Last Use Age	Currently Using	Frequency	Amount
□ alcohol	_____	_____	□ No □Yes	________	________
□ amphetamines/speed	_____	_____	□ No □Yes	________	________
□ barbiturates/downers	_____	_____	□ No □Yes	________	________
□ caffeine	_____	_____	□ No □Yes	________	________
□ cocaine	_____	_____	□ No □Yes	________	________
□ crack cocaine	_____	_____	□ No □Yes	________	________
□ hallucinogens (e.g. LSD)	_____	_____	□ No □Yes	________	________
□ inhalants (e.g. glue, gas)	_____	_____	□ No □Yes	________	________
□ marijuana or hashish	_____	_____	□ No □Yes	________	________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

□ PCP	_____	_____	□ No □Yes	________	________
□ prescription medicine	_____	_____	□ No □Yes	________	________
□ smoke cigarettes	_____	_____	□ No □Yes	________	________
□ chew tobacco	_____	_____	□ No □Yes	________	________
□ other	_____	_____	□ No □Yes	________	________

Child's consequences for substance use/abuse in past 2 years *(check all that apply):*

□ hangovers □ withdrawal symptoms □ sleep disturbance □ binges □ seizures □ black outs/memory loss □ assaultive behavior □ domestic abuse problems □ arrests	□ physical injury □ emergency room visits □ medical conditions □ overdose □ suicide attempt □ relationship conflicts □ relationship loss □ job loss □ legal problems	□ tolerance changes □ loss of control of amount used □ social rejection □ family rejection □ financial loss □ auto accidents

Other consequences:____

Drug treatment and programs: □ inpatient treatment □ outpatient treatment □ AA □ NA

Mother's Substance Use History

Alcohol/drug abuse in mother's family (*check family member(s)*):

□ father □ mother □ step-father □ step-mother □ grandparent(s) □ sibling(s) □ children

□ current spouse/partner □ ex-spouse/partner □ uncle(s)/aunt(s) □ other:_________________

Mother's current substance use:

□ no history of abuse □ current active abuse □ past abuse	□ early partial recovery □ early full recovery	□ sustained partial recovery □ sustained full recovery

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Substances used by mother *(check all that apply):*

Drug Used	First Use Age	Last Use Age	Currently Using	Frequency	Amount
□ alcohol	______	______	□ No □Yes	_________	_________
□ amphetamines/speed	______	______	□ No □Yes	_________	_________
□ barbiturates/downers	______	______	□ No □Yes	_________	_________
□ caffeine	______	______	□ No □Yes	_________	_________
□ cocaine	______	______	□ No □Yes	_________	_________
□ crack cocaine	______	______	□ No □Yes	_________	_________
□ hallucinogens (e.g. LSD)	______	______	□ No □Yes	_________	_________
□ inhalants (e.g. glue, gas)	______	______	□ No □Yes	_________	_________
□ marijuana or hashish	______	______	□ No □Yes	_________	_________
□ PCP	______	______	□ No □Yes	_________	_________
□ prescription medicine	______	______	□ No □Yes	_________	_________
□ smoke cigarettes	______	______	□ No □Yes	_________	_________
□ chew tobacco	______	______	□ No □Yes	_________	_________
□ other	______	______	□ No □Yes	_________	_________

Mother's consequences for substance use/abuse in past 5 years *(check all that apply):*

□ hangovers	□ physical injury	□ tolerance changes
□ withdrawal symptoms	□ emergency room visits	□ loss of control of amount used
□ sleep disturbance	□ medical conditions	□ social rejection
□ binges	□ overdose	□ family rejection
□ seizures	□ suicide attempt	□ financial loss
□ black outs/memory loss	□ relationship conflicts	□ home loss
□ assaultive behavior	□ relationship loss	□ property loss
□ domestic abuse problems	□ job loss	□ auto accidents
□ arrests	□ legal problems	

Other consequences:____

Drug treatment and programs: □ inpatient treatment □ outpatient treatment □ AA □ NA

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Father's Substance Use History

Alcohol/drug abuse in father's family (*check family member(s)*):

□ father □ mother □ step-father □ step-mother □ grandparent(s) □ sibling(s) □ children

□ current spouse/partner □ ex-spouse/partner □ uncle(s)/aunt(s) □ other:________________

Father's current substance use:

□ no history of abuse □ current active abuse □ past abuse	□ early partial recovery □ early full recovery	□ sustained partial recovery □ sustained full recovery

Substances used by father *(check all that apply):*

Drug Used	First Use Age	Last Use Age	Currently Using	Frequency	Amount
□ alcohol	_____	_____	□ No □Yes	________	________
□ amphetamines/speed	_____	_____	□ No □Yes	________	________
□ barbiturates/downers	_____	_____	□ No □Yes	________	________
□ caffeine	_____	_____	□ No □Yes	________	________
□ cocaine	_____	_____	□ No □Yes	________	________
□ crack cocaine	_____	_____	□ No □Yes	________	________
□ hallucinogens (e.g. LSD)	_____	_____	□ No □Yes	________	________
□ inhalants (e.g. glue, gas)	_____	_____	□ No □Yes	________	________
□ marijuana or hashish	_____	_____	□ No □Yes	________	________
□ PCP	_____	_____	□ No □Yes	________	________
□ prescription medicine	_____	_____	□ No □Yes	________	________
□ smoke cigarettes	_____	_____	□ No □Yes	________	________
□ chew tobacco	_____	_____	□ No □Yes	________	________
□ other	_____	_____	□ No □Yes	________	________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Father's consequences for substance use/abuse in past 5 years *(check all that apply):*

□ hangovers □ withdrawal symptoms □ sleep disturbance □ binges □ seizures □ black outs/memory loss □ assaultive behavior □ domestic abuse problems □ arrests	□ physical injury □ emergency room visits □ medical conditions □ overdose □ suicide attempt □ relationship conflicts □ relationship loss □ job loss □ legal problems	□ tolerance changes □ loss of control of amount used □ social rejection □ family rejection □ financial loss □ home loss □ property loss □ auto accidents

Other consequences:____

Drug treatment and programs: □ inpatient treatment □ outpatient treatment □ AA □ NA

<u>Step-Parent's Substance Use History</u> Name: ___________________________

Alcohol/drug abuse in step-parent's family (*check family member(s)*):

□ father □ mother □ step-father □ step-mother □ grandparent(s) □ sibling(s) □ children

□ current spouse/partner □ ex-spouse/partner □ uncle(s)/aunt(s) □ other:_________________

Step-Parent's current substance use:

□ no history of abuse □ current active abuse □ past abuse	□ early partial recovery □ early full recovery	□ sustained partial recovery □ sustained full recovery

Substances used by step-parent *(check all that apply):*

Drug Used	First Use Age	Last Use Age	Currently Using	Frequency	Amount
□ alcohol	_____	_____	□ No □Yes	________	________
□ amphetamines/speed	_____	_____	□ No □Yes	________	________
□ barbiturates/downers	_____	_____	□ No □Yes	________	________
□ caffeine	_____	_____	□ No □Yes	________	________
□ cocaine	_____	_____	□ No □Yes	________	________
□ crack cocaine	_____	_____	□ No □Yes	________	________
□ hallucinogens (e.g. LSD)	_____	_____	□ No □Yes	________	________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

□ inhalants (e.g. glue, gas)	______	______	□ No □Yes	_________	_________
□ marijuana or hashish	______	______	□ No □Yes	_________	_________
□ PCP	______	______	□ No □Yes	_________	_________
□ prescription medicine	______	______	□ No □Yes	_________	_________
□ smoke cigarettes	______	______	□ No □Yes	_________	_________
□ chew tobacco	______	______	□ No □Yes	_________	_________
□ other	______	______	□ No □Yes	_________	_________

Step-parent's consequences for substance use/abuse in past 5 years *(check all that apply):*

□ hangovers □ withdrawal symptoms □ sleep disturbance □ binges □ seizures □ black outs/memory loss □ assaultive behavior □ domestic abuse problems □ arrests	□ physical injury □ emergency room visits □ medical conditions □ overdose □ suicide attempt □ relationship conflicts □ relationship loss □ job loss □ legal problems	□ tolerance changes □ loss of control of amount used □ social rejection □ family rejection □ financial loss □ home loss □ property loss □ auto accidents

Other consequences:____

Drug treatment and programs: □ inpatient treatment □ outpatient treatment □ AA □ NA

Mother's Parenting of This Child

What are some important principals about effective parenting?_________________________

____

What do you want for this child's future?____

____

How did you learn about child rearing, discipline, parenting, and needs of children?_______

____

How do you feel about yourself as a parent to this child?______________________________

____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

What do you regret about parenting this child?____________________________________

____

How could you have been a better parent to this child?____________________________

____

Who has the most power in your family with this child?____________________________

Father's Parenting of This Child

What are some important principals about effective parenting?______________________

____

What do you want for this child's future?____

____

How did you learn about child rearing, discipline, parenting, and needs of children?________

____

How do you feel about yourself as a parent to this child?___________________________

____

What do you regret about parenting this child?____________________________________

____

How could you have been a better parent to this child?_____________________________

____

Who has the most power in your family with this child?____________________________

Treatment with Dr. Miller

Parental expectations about psychotherapy:____

____

What do you personally want to gain from therapy?_________________________________

____

What do you want your child to gain from therapy?__________________________________

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

____

Your top 3 goals for therapy now:

1. ____
2. ____
3. ____

What would your life look like and feel like if you reached these goals?___________________

____

What would your life look like and feel like if you did not reach these goals? _______________

____

Rate the severity of your child's problems now: □ mild □ moderate □ serious □ very serious

Explain:____

Rate your current parent motivation to put in the effort needed to help your child make changes: □ low □ mild □ moderate □ serious □ highly motivated

Rate your hope that you and your child will overcome these problems:

□ little hope □ some hope □ very hopeful □ extremely hopeful

Rate your willingness and readiness to follow a treatment plan recommended by Dr. Miller:

□ reluctant □ willing to listen □ excited to hear □ may follow □ very willing to follow

Do you have a history of following advice from your health professionals?

□ sometimes □ usually □ always

Are you willing to trust, take risks and experiment with new ideas and behaviors in order to help your child makes changes in his/her life? □ not much □ maybe □ Yes

What would you advise other parents to do if they were struggling with the same type of child and family problems you are experiencing?____

____

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108

Completion of This Questionnaire

Please describe what it was like to take this questionnaire:____________________________

____

What question area(s) was/were the most difficult to answer honestly?__________________

____

What did you learn about yourself, child and family?__________________________________

____

Additional Information to Communicate

____
____
____
____

Thank you for completing this extensive questionnaire and being forthright in your answers. Revealing personal and historical information is always a challenge. I know it was demanding and took concentration. You should be proud that you stuck with it. Congratulations! This demonstrates your dedication to your child and family. I'm impressed.

This is an initial experience of what it will be like to work with me in psychotherapeutic treatment. If you want your child and family to make improvements, then you too will need to get involved, trust, disclose, take risks, stay motivated, consider new perspectives, put in effort, and be willing to be seen as you are. That is the only way you will help your child, make changes, solve problems, manage your life better, and accept aspects of your situation that you cannot change.

Revel Miller, Ph.D.

____

Please Sign Below and Return to Dr. Miller.

I/We have answered these questions to the best of my/our ability.

_________________________	_________________________	____/____/_____
Print Parent's Name	Parent's Signature	Date
_________________________	_________________________	____/____/_____
Print Parent's Name	Parent's Signature	Date

Revel Miller, Ph.D.
26 West Mission Street, Suite #4, Santa Barbara, California 93101 805-448-5053
539 San Ysidro Road, 2nd Floor, Montecito, California 93108